



The Commonwealth of Massachusetts  
Department of Public Health  
**Division of Health Professions Licensure**  
5<sup>th</sup> Floor, 239 Causeway Street ☐ Boston, MA 02114  
<http://www.mass.gov/reg/boards/nh>  
(617) 727- 2308

Board of Registration of  
**Nursing Home Administrators**

*Please check the appropriate box for change(s)*

**NAME CHANGE**

☐

**ADDRESS CHANGE**

☐

**DUPLICATE LICENSE**

☐

All requests should be mailed to the address listed above and directed to the Board of your profession.

Print/type clearly the information as it  
is **NOW SHOWN** on your license:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Board:** \_\_\_\_\_ **Lic. Type:** \_\_\_\_\_

**Lic. No:** \_\_\_\_\_

**U.S. SS # (Mandatory):** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Print/type clearly the information as you  
wish it to appear on your **NEW** license.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

For office use only

Fee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Initial: \_\_\_\_\_

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here ☐

2. For address changes only, **DO NOT** return your current license.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

**FEE (S)**

1. Duplicate license \$17.00

3. Name change with new license \$27.00

\* Address change (only) No Fee

Make check or money order payable to the  
"Commonwealth of Mass."

**DO NOT SEND CASH**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Date**